

*Long Term Acute Care Hospital Supplemental  
Per Diem Rate Calculation Sheet  
Oct 1, 2010 – Sept 30, 2011*

**Kindred Chicago Central Hospital  
4058 West Melrose Street  
Chicago, IL 60641**

|   |                 |
|---|-----------------|
| · Hospital fiscal year 2008 Medicaid cost report total reported Medicaid cost (A)   | \$ 4,613,650.00 |
| · Hospital fiscal year 2008 Medicaid cost report total reported Medicaid days (B)   | 4,189.00        |
| · Hospital fiscal year 2008 Medicaid cost report total reported Medicaid discharges (C)   | 136.00          |
| · Hospital fiscal year 2008 Medicaid cost report based average length of stay   | 30.80           |
| · Calculated hospital fiscal year 2008 Medicaid cost per diem (A / B)   | \$ 1,101.37     |
| · Applicable DRI inflation factor<br><i>(Inflated from the midpoint of the hospitals FY to April 2011, rounded to 5 digits)</i> | 1.09644         |
| · Rate year 2011 inflated per diem rate   | \$ 1,207.59     |
| - <b>LESS</b> -   |                 |
| · Current Hospital Per Diem base rate   | \$ 604.01       |
| o 89 IL Admin Code 148.270(c)(4)  |                 |
| · Rate Year 2011 Disproportionate Share per diem rate (10/1/2010 - 09/30/2011)  | \$ 5.00         |
| o 89 IL Admin Code 148.120  |                 |
| · Rate Year 2011 Medicaid Percentage Adjustment per diem rate (10/1/2010 - 09/30/2011)  | \$ 108.72       |
| o 89 IL Admin Code 148.122  |                 |
| · Rate Year 2011 Medicaid High Volume Adjustment per diem rate (10/1/2010 - 09/30/2011)   | \$ 73.89        |
| o 89 IL Admin Code 148.290(d)   |                 |

|   |           |
|---|-----------|
| <i>Long Term Acute Care Supplemental per diem rate</i>  | \$ 415.97 |
| <i>Rate to be paid for admissions on or after Oct. 1, 2011, subject to provider readiness review.</i> |           |